

$\label{eq:arizona} \textbf{ARIZONA DEPARTMENT OF WEIGHTS AND MEASURES}$

4425 W Olive Avenue, Suite 134, Glendale AZ 85302-3844

Phoenix Metro assistance: (623) 463-9946 Outside Phx Metro: 1-800-277-6675

FAX: 602-255-1950

DEPUTY PUBLIC WEIGHMASTER APPLICATION

Website: http://www.azdwm.gov

LICENSE FEE = no charge

PLEASE PRINT

APPLICANT NAME:] E	BIRTH DATE:		(Must be at least 18 years old)
PUBLIC WEIGHMASTER:]	PUBL	IC WEIGHMAS	TER LICENSE #:
BUSINESS NAME:				PHONE:		FAX:
BUSINESS ADDRESS:			1	CITY:		ZIP:
PHYSICAL LOCATION:						
SCALE OWNER INFORMATION	DN (if different from business name above):					
SCALE OWNER NAME:		BMF#:		ADDRESS:		
SCALE TYPE (check one):	VEHICLE SCALE		OTHER			
DECK/PLATFORM SIZE:		CAPACITY:		lbs x		
Weighmaster duties. This is to	y Public Weighmaster to have a valid Deputy Public certify that I have full knowledge of Title 41, Chapte lations relating to Weighmaster and will, upon licen	er 15 and Arizona	a Administrative	Code Title 20, chapter 2	as it relates to W	
						DEPT USE: Test Date:
						_
			1			Score: License Issued: